PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90244 020 ***150.00

 Corporation 	MEN I # V0604 Name IARINE, INC.	7					
Principal Place	e of Business	Mailing Address			I (\$416 \$1101) 40119 01111 40119 01911 1401 4131	i Bibil Alalı Bibil	BIBLY DIBIL IDE:
1809 OPA LOCKA BLVD OPA LOCKA FL 33054 US 1809 OPA LOCKA BLVD OPA LOCKA FL 33054 US					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
					01/10/1992		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	⊢	pplied For
21		26 Suita Ant # ota	Suite, Apt. #, etc.		65-0309480		ot Applicable Additional
Suite, Apt.	#, etc.				5. Certifcate of Status Desired		dequired
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be
23	•	28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Count	у	8. This corporation owes the current year	Intangible	V
24	25	29	30		Personal Property Tax.	☐ Yes	X)No
	9. Name and Address of Curr	ent Registered Agent		1 Name	10. Name and Address of New Registere	d Agent	Δ
FITCH, GERALD R. 2430 NE 135TH ST SUITE 207 N MIAMI FL 33181			8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)		
			8	'	poration submits this statement for the purpose	L	Code
office of ragent. I a	egistered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed name of registered a	gations of, Section 607.0505,	Florida Statute	es.	ion's board of directors. I hereby accept the appropriate the property of the		
12.	OFFICERS .	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE	· }		Change	Addition
NAME	FITCH, GERALD R.		1.2 NAME	1			
STREET ADDRESS	2430 NE 135TH ST		1.3 STRE	ET ADDRESS (}
CITY-ST-ZIP	N MIAMI FL	☐ DELETE	1.4 CITY-			Change	☐ Addition
TITLE ,		☐ NETE IE	2.1 TITLE 2.2 NAME	1		ondinge	
NAME				ET ADDRESS			
STREET ADDRESS			2.4 CITY	_			1
CITY-ST-ZIP TITLE						Change	☐ Addition
NAME			3.2 NAM				ļ
STREET ADDRESS			1	ET ADDRESS			
CITY-ST-ZIP			3.4. CITY	i			
TITLE		☐ DELETE				Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS	, •		4.3 STRE	ET ADDRESS			· ·
CITY-ST-ZIP	,		4.4 CITY	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	5.1 TITLE	- -		☐ Change	Addition
NAME			5.2 NAMI				
STREET ADDRESS				ET ADDRESS			ļ
CITY-ST-ZIP	1.77.9		5.4 CITY				
TITLE	(Contract of the contract of	☐ DELETE		Į.		☐ Change	Addition
NAME			6.2 NAM	=			

CITY-ST-ZIP 14. hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS